



**COVID-19 LOAN RESTRUCTURING FORM**



Application No.....

**1.0. GENERAL INFORMATION**

- a Name of Applicant .....
- b Membership No.....
- c Date of birth .....
- d Residential Address.....
- e Place of work & Address.....
- f Tel: ..... Mobile: .....

**2.0. LOAN INFORMATION**

- a Original loan type      secured loan            ordinary loan
- b Date granted.....
- c Original Loan tenure.....
- d Redemption date.....
- e Current installment .....
- f Original source of repayment.....
- g If business please specify.....

**3.0. LOAN RESTRUCTURING INFORMATION**

- a Current loan balance.....
- b Months in arrears.....
- c Reason for restructuring.....
- d Number of months loan repayment should be extended.....
- e Desired repayment installment.....
- f Source of repayment.....
- g Projected monthly income.....
- h Clearly specify how you have been affected or expecting to be affected by COVID 19



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- i Show your cash flow projections supporting your commitment to the extended loan period requested **(use an attachment)**

**4.0. GUARANTOR INFORMATION (THE ONE WHO ORIGINALLY GUARANTEED THE LOAN)**

- a Name.....
- b Employer .....
- c Physical address (Detailed Description of location)  
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- d Tel Contact.....
- e Email: .....
- f Relationship .....

**5.0. APPROVAL**

**5.1. General assessment by the SACCO Manager:**

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**5.2. Decision of approving authority:**

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**5.3. Loan approved/rejected:**

**5.3. Signatures of approving authority members**

Name..... Signature.....  
Name.....Signature.....  
Name..... Signature.....  
Name..... Signature.....

Manager’s signature.....Date.....